

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B023016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2016
NAME OF PROVIDER OR SUPPLIER BRIDGE HAVEN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 RESEARCH PARK DRIVE LAWRENCE, KS 66049		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigation 88546 at the above named home plus facility conducted on 4-28-16 and 5-2-16.	S 000		
S5105 SS=D	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a) The facility reported a census of 11 residents. The sample included 3 residents. Based on record review and interview for 1 (#200) of 3 sampled residents, the operator failed to ensure the negotiated service agreement provided a description of services the resident would receive; identification of the provider of each service and identification of each party responsible for payment if outside resources provided a service.	S5105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5105	<p>Continued From page 1</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #200 revealed admission on 2-11-16 with diagnoses Allergies, Dementia with Behaviors, Seizures, Cataracts and Stroke. <p>The Functional Capacity Screen dated 2-11-16 recorded resident required physical assistance with bathing, dressing, and toileting; supervision with transfers, walking/mobility, and eating; and unable to perform management of medications and treatments. Occasionally incontinent of urine. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks included falls, impaired vision, impaired decision-making, and wandering.</p> <p>The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 2-9-16 recorded services for assistance with bathing, dressing, toileting, eating, grooming, hair and nail care, meals, continence management, personal care, behavioral management, medication management and management of treatments. The NSA lacked documentation of podiatrist and hospice services including identification of provider of the services and identification of each party responsible for payment of the podiatrist and hospice provider.</p> <p>Physicians order to admit to hospice services 2-18-16. Record review revealed resident seen by podiatrist on 4-14-16.</p> <p>Review of "Nurse 's Notes" stated: 2-17-16 at 4:00 pm: " (Hospice) nurse here</p>	S5105		

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S5105	Continued From page 2 today to evaluate resident and set up meeting with family for tomorrow. Signed by licensed staff A. 2-18-16 at 4:50 pm: Received fax with hospice evaluation order and order to admit to hospice with diagnosis Senile Degeneration of Brain. Hospice and family notified. " Signed by licensed staff A. 4-14-16 at 1:00 pm: " Podiatrist here today. Nails trimmed. No new orders. " Signed by licensed staff A. Interview on 4-28-16 at 3:26 pm with licensed staff B confirmed the NSA lacked documentation of resident receiving podiatrist and hospice services, identification of provider of the podiatrist and hospice services and identification of each party responsible for payment of the podiatrist and hospice providers. For resident #200, the operator failed to ensure the negotiated service agreement provided a description of services the resident would receive; identification of the outside providers and identification of each party responsible for payment of the outside providers.	S5105		
S5161 SS=F	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d)	S5161		

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S5161	<p>Continued From page 3</p> <p>The facility reported a census of 11 residents. The sample included 3 residents. For all residents the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health care services plan as evidenced by record review and interview for 3 (#100, #200, #300) of 3 sampled residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #100 revealed admission on 12-1-14 with diagnoses Insulin-Dependent Diabetes Mellitus, Asthma, Hyperlipidemia, Hypertension, Peripheral Vascular Disease, Gastroesophageal Reflux Disease, Anemia, Edema, Chronic Pain, Debility, Dementia, Insomnia, Osteoarthritis and Coronary artery Disease. The record included a Functional Capacity Screen (FCS) dated 1-12-16 which indicated the resident required health care services. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 2-9-16 indicated services for bathing, dressing, toileting, transfers, walking assist, eating, grooming, hair and nail care, meals, personal care, behavioral management, medication management, and treatment management. The NSA failed to designate the licensed nurse responsible for the implementation and supervision of health care services. - Record review for resident #200 revealed admission on 2-11-16 with diagnoses Allergies, Dementia with Behaviors, Seizures, Cataracts 	S5161		

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S5161	<p>Continued From page 4</p> <p>and Stroke. The Functional Capacity Screen (FCS) dated 2-11-16 indicated the resident required health care services.</p> <p>The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 2-9-16 recorded services for assistance with bathing, dressing, toileting, Eating, grooming, hair and nail care, meals, continence management, personal care, behavioral management, medication management and management of treatments. The NSA/HCSP failed to designate the licensed nurse responsible for the implementation and supervision of health care services.</p> <p>- Record review for resident #300 revealed admission on 7-30-15 with diagnoses Dementia, Vitamin D Deficiency, Hypothyroidism, Hypertension, Depression, Constipation, Allergies, Chronic Pain, Dry Eyes and Gastroesophageal Reflux Disease. The Functional Capacity Screen (FCS) dated 7-30-15 indicated the resident required health care services.</p> <p>The negotiated service agreement/healthcare service plan (NSA/HCSP) dated 7-13-15 recorded services for assistance with bathing, dressing Walking Assist, Hair and Nail Care, Grooming, Eating, Meals, Transfers, Continence Management, Personal Care, Medication Management and Behavioral Management. The Nurse identified on the NSA no longer worked at the facility as of November 2015, the NSA failed to designate the current licensed nurse responsible for the implementation and supervision of health care services.</p> <p>Interview on 4-28-16 at 1:50 pm with</p>	S5161		

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S5161	Continued From page 5 administrative staff J stated all residents receive health care services; confirmed that licensed staff A is the nurse responsible for the health care services at the facility since " around 3-4 months ago " and the NSA failed to designate the licensed nurse responsible for the implementation and supervision of the plan. For all residents, the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health care services plan.	S5161		
S5302 SS=E	26-42-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)(4) The facility reported a census of 11 residents. The sample included 3 residents. Based on record review and interview for 1 (#100) of 1 sampled residents receiving insulin, the licensed nurse failed to appropriately delegate nursing procedures (as outlined under the Kansas nurse practice act) to certified medication aides (CMAs) related to the management and assistance with insulin injections for this resident. The licensed	S5302		

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S5302	<p>Continued From page 6</p> <p>nurse failed to ensure documentation related to the delegation of this nursing task was included in the Residents' negotiated service agreements (NSA)/health service plans (HSP) and in the personnel files of each designated medication aide.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #100 revealed admission on 12-1-14 with diagnoses Insulin-Dependent Diabetes Mellitus, Asthma, Hyperlipidemia, Hypertension, Peripheral Vascular Disease, Gastroesophageal Reflux Disease, Anemia, Edema, Chronic Pain, Debility, Dementia, Insomnia, Osteoarthritis and Coronary artery Disease. <p>The Functional Capacity screens dated 2-5-15 and 1-12-16 recorded resident required physical assistance with management of medications and treatments.</p> <p>The Negotiated service agreement dated 2-9-16 stated resident to receive services for medication and treatment management. The Health Care Service Plans for 2-5-15 and 2-5-16 recorded: " Monitor closely for low blood sugar. Staff Certified Medication Aides (names listed) instructed with return acknowledgement and demonstration of accuchecks and dial up insulin pen. Resident assessed - capable of self injection of insulin. Instructed/demonstrated with verbalized understanding and return demonstration and acknowledgement. Signed by licensed staff C (no longer at facility).</p> <p>Physician's order dated 1-21-16: Levemir 15 units SQ every morning; 10 units SQ every evening.</p>	S5302		

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S5302	Continued From page 7 Physician's order on 11-12-15 for Novolog Flexpen sliding scale based upon accucheck (" check blood glucose before meals and give subcutaneously per sliding scale "): Blood glucose of less than 200 = 0 units Blood glucose of 200 to 250 = 2 units Blood glucose of 251-300 = 4 units Blood glucose of greater than 300 = 6 units Blood glucose above 450 call the nurse. Review of Medication Administration Record for April 2016 revealed documentation of 6 certified medication aides (certified staff C, D, E, F, G and H) who performed blood glucose monitoring and dialed insulin pens for resident to self-inject. Interviews on 4-28-16 at 1:50 pm, 2:55 pm and 3:30 pm with licensed staff A and B confirmed two of the three CMAs listed in the NSA as competent to perform accuchecks and dial the insulin pens no longer worked for the facility. Confirmed certified staff C, D, E, F, G and H had not been checked for competency by licensed staff A or B. For resident #100, the licensed nurse delegated certified medication aides to prepare insulin pens and dial the insulin dose per physician ' s orders and based on blood glucose results. The licensed nurse failed to appropriately delegate these nursing procedures to medication aides under the Kansas nurse practice act, K.S.A.65-1124 by ensuring documentation related to the delegation of this nursing task was included in the resident's plan of care and in the personnel files of each designated medication aide.	S5302		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication	S5313		

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S5313	<p>Continued From page 8</p> <p>(g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3)</p> <p>The facility reported a census of 11 residents. The sample included 3 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each resident's over-the-counter medication package.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the resident roster revealed all 11 residents received medication management. <p>Observation during tour on 4-28-16 at 11:45 am of medication refrigerator revealed the following open over the counter medication: Bisacodyl (laxative) 10 mg (milligram) suppositories labeled " stock supply " and filled on 12-23-15, 2 suppositories. Acetaminophen (fever/pain) 650 mg suppositories with no label in zip lock bag, 6</p>	S5313		

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S5313	<p>Continued From page 9</p> <p>suppositories.</p> <p>Interview with licensed staff B stated both medications were "house stock for standing orders so we can initiate them".</p> <p>Observation of medication cart revealed the following open over the counter medications which lacked documentation of a resident's full name (note: all containers opened): Emergen-C open box of 7 packets lacked label. Miralax (laxative) Powder, 1 bottle Equate Clear-Lax (laxative) powder, 1 bottle Geri Lanta (antacid) Regular strength, 1 bottle Ibuprofen (fever/pain) 200 mg, approximately 30 tablets Aspirin (fever/pain) 81 mg, approximately 60 tablets Acetaminophen (fever/pain) 500 mg, approximately 100 caplets Acetaminophen (fever/pain) 325 mg, approximately 75 tablets (filled by pharmacy on 10-19-15 and labeled "stock supply" for facility).</p> <p>Interview with licensed staff B on 4-28-16 at 12:15 pm stated the above medications were "stock" medications for the facility residents and confirmed they lacked documentation of full name of a resident.</p> <p>For all residents receiving medication management, the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each resident's over-the-counter medication package.</p>	S5313		